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| PATENT APPLICATION FEE DETERMINATION RECORD                            |  |   |                   | Application or Docket Number |         |                         |                        |
|--|--|---|-------------------|------------------------------|---------|-------------------------|------------------------|
| Effective December 8, 2004   |  |   |                   | 10-518773                    |         |                         |                        |
| CLAIMS AS FILED - PART ( (Column 1)                                    |  | (Celumn 2)                                | SMALL ENTITY TYPE |                              | OR      | OTHER THAN SMALL ENTITY |                        |
| .S. NATIONAL STAGE FEES  |  |   | RATE              | FEE                          | 1       | RATE                    | FEE                    |
| ASIC FEE   | SMALL ENT. = \$ 150  | LARGE ENT. = \$ 300                       | BASIC FEE         |                              | OR      | BASIC FEE               | 2/1/                   |
| CAMINATION FEE   | Satisfies PCT Article 33(1)-<br>(4) = \$ 50 / \$ 100             | All other situations = \$100 / \$200      | EXAM FEE          |                              | "       | EXAM PER                | 200                    |
| EARCH FEE  | U.S. is ISA = \$50/\$100<br>AUL other countries =<br>\$200/\$400 | All other situations =<br>\$ 250 / \$ 500 | SEARCH FEE        |                              |         | SEARCH FEE              |                        |
| E FOR EXTRA SPEC. PGS.   | minus 100 =  | /50±                                      | X\$125 =          |                              |         | X\$250 =                |                        |
| )TAL CHARGEABLE CLAIMS   | minus 20 =   | •   | X\$25=            |                              | OR      | X\$60=                  |                        |
| DEPENDENT CLAIMS   | minus 3 =  | •   | X\$ 100 =         |                              | QR      | X\$200 =                |                        |
| J.TTIPLE DEPENDENT CLAIM PRESENT                                       |  |   | +\$ 180 =         |                              | OR      | +\$360 =                | <b></b>                |
| If the difference in column 1 is less than zero, enter "O" in column 2 |  |   | TOTAL             |                              | OR      | TOTAL                   |                        |
| CLAMS REMARKING  | AMENDED - PART<br>(Columnum)<br>HIGH<br>MUM                      | na 2) (Column 3) EST BER PRESENT          | SMALL E           | ADDI                         | OR<br>/ | OTHER SMALL E           | ADDI-                  |
| AFTER AMENOMENT  | PREVIC PAID  |   | RATE              | TIONAL                       |         | RATE                    | TIONAL<br>FEE          |
| independent •  | Minus ***  |   | X\$25 =           | $\swarrow$                   | OR      | X\$50=                  |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |  |   | X\$100 =          | 4                            | OR      | X\$200 =                |                        |
| 1  |  |   | +\$ 180 =         |                              | OR      | + \$ 360 =              |                        |
| J 8 DG   |  |   |                   |                              |         |                         |                        |
| CLAMS  | (Cotur   | EST                                       |                   |                              | ı       | · .                     |                        |
| REMADING AFTER AMENDMENT   | - NUM<br>PREVIO<br>PAID  | NUSLY EXTRA                               | RATE              | ADDI-<br>TICNAL<br>FEE       |         | RATE                    | ADDS-<br>TIONAL<br>FEE |
| Total · /7   | Minus •• Q(  | ) • —                                     | X\$25=            |                              | OR      | X \$ 50 =               |                        |
| Independent  | Minus ••• 🗸  | 3   | X\$100 =          |                              | OR      | X\$200=                 | X                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                         |  |   | +\$ 180 =         |                              | OR      | +\$ 360 =               |                        |
|  |  | · · · · · · · · · · · · · · · · · · ·     | TOTAL ADDIT.      |                              | OR      | TOTAL ADDIT.            | 7                      |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Poid For" IN THIS SPACE is less than '20', enter '20',

"If the "Highest Number Previously Poid For" II THIS SPACE is less than '7, enter '2'.